



AMERICAN MEDICAL COLLECTION AGENCY

4 Westchester Plaza Suite 110, Elmsford, NY 10523



January 2, 2017

03 L3Q SYT 669 216NB584424

Pin Number: [REDACTED] 1671

(844) 515-2622

53

Sarah Heerbrandt  
46 Meyer Ln  
Medford, NY 11763-4117



Dear Sarah Heerbrandt:

Your account is **SERIOUSLY DELINQUENT** and we must advise you as follows:

This agency seeks collection of this long overdue bill for services provided by our client, **Quest Diagnostics Incorporated**.

Your debt in the amount of **\$52.80** is for laboratory tests ordered by your physician.

Your lack of response suggests you assume responsibility for this debt.

Your account information has been placed with our agency for the purpose of obtaining payment.

You can resolve this matter quickly and easily by sending payment in full without delay. Otherwise, we must inform you that further collection efforts will be pursued.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

Detach and return this portion with payment using enclosed envelope.

L3Q-L - RMCB.WFD - 722435 - 00015380 - 1 of 1

**Amount Due: \$52.80**

Service Provider: Quest Diagnostics Incorporated

Date of Service: January 4, 2016

Invoice Number: [REDACTED] 4424

Pin Number: [REDACTED] 1671

Name: Sarah Heerbrandt  
Street Address: 46 Meyer Ln  
City, State Zip: Medford, NY 11763-4117

To pay online: [pay.amcaonline.com](http://pay.amcaonline.com)

☐ VISA

☐ MASTERCARD

☐ DISCOVER

Card #:

Exp. Date:

Amount:

Signature:

Client Code: SYT

Invoice: [REDACTED] 4424

Pin Number: [REDACTED] 1671

03 L3Q SYT 669



AMCA  
PO BOX 1235  
ELMSFORD, NY 10523-0935

IMMEDIATE PAYMENT REQUIRED

IMMEDIATE PAYMENT REQUIRED

4424++++9

The disclosures below are required by state or federal law. This is not intended to be a complete statement of all rights consumers may have under state and federal law.

"This is an attempt to collect a debt. Any information obtained will be used for that purpose." This communication is from a debt collector.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days after receiving this notice, that the debt or any portion thereof is disputed, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

^ Detach along this edge. ^

Return the Bottom portion with your check, credit card information or money order.  
Include your account number, name and address on all correspondence.

Thank you for your attention to this matter.